## **Order Form for Yard Waste Collection Service**

## Service Period is for 12 months from payment processing

Please print clearly

Your Name:		
Street Address of Collection:  Mail to Address for Sticker:  (If Different than Collection Address)		Zip Code:
Cell Phone:		
	COST	
(Includes we	for 12 months of Yard Waste Collection. eekly emptying of your brown roll-out cart/s, and rush pick-ups per year.) <u>One Yard Waste Collec</u>	
	harge for 90 gallon brown yard waste rollout 00 each. (We will empty of total of 4.)	<u>\$</u>
	Total Cost:	\$
	Payment Options (choose 1)	
Indicate on b	a check or money order made payable to the Cloottom of the check or money order that the pay  Number is:	ITY OF DURHAM. Please ment is for Yard Waste Service.
	ge payment to my water utility bill.	
My water uti	ility billing address is:	
Note	e: Payment for Yard Waste Service Fee is bille Payment for cart is 4 billing charges of \$10.	
Signature:	Date:	

Mail this order form with payment to:

Department of Solid Waste Management ATTN: Yard Waste Collection Service 101 City Hall Plaza, Durham, NC 27701

Or you can fax if your utility bill is to be charged

Fax Number: 919-560-1228

This similar form can be located on the internet at <a href="www.durhamnc.gov/forms">www.durhamnc.gov/forms</a> Select from the Solid Waste section.